## **Special Education Administrative Complaint**

То:	ATTN: Legal Services Tennessee Department of Division of Special Educa 5 <sup>th</sup> Floor, Andrew Johnso 710 James Robertson Park Nashville, Tennessee 372 FAX: 615.253.5567	ation n Tower kway	
From:			
	Name		
	Address		
	City	State Zi <sub>j</sub>	p Code
	Telephone (Home)	Telephone (Work)	
	Child's Name		
	Child's Date of Birth	Child's Disability	<del></del> ,
I wish to f	file an administrative complain	t on behalf of	, a student at
	Sc	hool, in the	
School Sy	stem. The specific grounds/re	asons for this complaint are as follow	vs:
necessary my name,	to release a copy of any corres	rify me of the results. I understand the spondence submitted by me in relationature of my complaint to local school	on to this complaint,
Signature		 Date	